

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="text-align: center;">688376</div>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		1					55						
6		①					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11		1					61						
12	1						62						
13	1						63						
14		5					64						
15		5					65						
16		①					66						
17		①					67						
18		①					68						
19		①					69						
20		①					70						
21	1						71						
22		1					72						
23		1					73						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						